


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000006489	
1. Entity Name TRI-COUNTY YOUTH BASKETBALL LEAGUE, INC.	

Principal Place of Business 4220 NW 173RD DRIVE MIAMI, FL 33055	Mailing Address 4220 NW 173RD DRIVE MIAMI, FL 33055
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DO NOT WRITE IN THIS SPACE



04212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0714656	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COLEBROOK, ARTHUR
4220 NW 173RD DRIVE
MIAMI, FL 33055

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000337833 05/27/08-80064-020 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COLEBROOK, ARTHUR 4220 NW 173RD DRIVE MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WILLIAMS, LYNN 2940 N.W. 181 STREET MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COLEBROOK, DYATHA 4220 NW 173 DR MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP COLEBROOK, CANDICE 4220 NW 173 DR MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP COLEBROOK, BRANDON 4220 NW 173 DR OPA LOCKA, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Arthur Colebrook - ARTHUR Colebrook* **4/26/08** **786-346-3786**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**